

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000416

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

67

STATE FILE NUMBER

FILED JAN 28 1963

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home - 3404 Monterey | | d. STREET ADDRESS (If outside, give location) 3404 Monterey | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Burlah Alma Pugh | | 4. DATE OF DEATH Month Day Year January 19, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/9/1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE (last birthday) 70 |
| 11a. FATHER'S NAME Ira P. Miller | | 11b. MOTHER'S MAIDEN NAME Alma Ellen Patrick | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 14. SOCIAL SECURITY NO. [REDACTED] | |
| 15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of calcium. DUE TO (c) [REDACTED] | | 16. INTERVAL BETWEEN ONSET AND DEATH 2 years 3 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Joseph, Mo. | |
| 21. I attended the deceased from Oct. 31, 1956 to Jan. 19, 1963 and last saw her alive on 17 Jan 63 Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 1/21/63 | |
| 22a. SIGNATURE (Degree or title) William P. McDonald M.D. | | 22b. ADDRESS 301 N. 8th St., St. Joseph, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-22-1963 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Joseph, Mo. | |
| 24. FUNERAL DIRECTOR Heaton-Bowman-- | | 25. DATE RECD. BY LOCAL REG. Jan 24, 1963 | |
| ADDRESS St. Joseph, Mo. | | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

W.P.H. Donaldson

Permit issued 11/21/63

11/21/63

11/21/63

11/21/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.